

**EXHIBIT 8**

## LEASE AGREEMENT

THE DOCUMENT COMPANY  
XEROX

Worksheet: 53124 Unit: 1

Customer Legal Name (Bill to) Technigraphics Inc. A WHOLLY OWNED  
 Name Overflow (if needed) SUBSIDIARY OF PHOENIX COLOR  
 Street Address 22977 Eaglewood Ct  
 Box/ Routing \_\_\_\_\_  
 City, State Sterling, VA  
 Zip Code 20166  
 Tax ID# \_\_\_\_\_  
 Customer Name (Install) Technigraphics Inc.  
 Name Overflow (if needed) \_\_\_\_\_  
 Installed at Street Address 22977 Eaglewood Ct  
 Floor Room Routing \_\_\_\_\_  
 City, State Sterling, VA  
 Zip Code 20166  
 County Installed In \_\_\_\_\_  
 Customer Requested Install Date 3/11/99

## Check all that apply

- ☐ Tax Exempt (Certificate Attached)  
☐ Assoc. Coop. Name: \_\_\_\_\_  
☒ Negotiated Contract # 979936404  
☐ Attached Customer P.O. # \_\_\_\_\_ Supplies: \_\_\_\_\_  
 Lease: \_\_\_\_\_  
☐ State or Local Government Customer  
 Int. Rate: % \_\_\_\_\_ Total Int. Payable: \$ \_\_\_\_\_  
☐ Replacement/Modification of Prior Xerox Agreement  
 Agreement covering Xerox Equipment Serial# (or 95#): \_\_\_\_\_  
 is hereby ☐ modified ☐ replaced. Effective Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Lease Information  
 Lease Term: 60 months  
☒ Supplies included in Base Print Charges  
☐ Refin. of Prior Agmt. ☐ Xerox (95#): \_\_\_\_\_ ☐ 3rd Party Eq.  
 Amt Refin: \$ \_\_\_\_\_ Int Rate: % \_\_\_\_\_ Total Int Payable: \$ \_\_\_\_\_

## Lease Payment Information

Product (with serial number, if in place equipment)	Purchase Option	Down Payment	Prev Install	Fin'l Intern	Cust Install
6180PMF	SEMI	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11AGATE 11DTBYPAS11D1ST ACK	S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11XGATE 11NSP-KIT3 11PHUB	S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116180INT	S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>20,747.89</u>	S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\$ 20,747.89 : MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)

## Price Information

Period A - Mos. Affected:		Period B - Mos. Affected:	
Monthly Base Charge	\$ <u>20,747.89</u>	Monthly Base Charge	\$
Print Charge Meter 1:		Print Charge Meter 1:	
Prints 1 - 4500000	\$ 0.0026	Prints 1 -	\$
Prints 4500001 -	\$	Prints -	\$
Prints -	\$	Prints -	\$
Print Charge Meter 2:		Print Charge Meter 2:	
Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$
Mo. Min. # of Prints (based on Meter 1 Print Charges)	4500000	Mo. Min. # of Prints (based on Meter 1 Print Charges)	

☐ Purchased Supplies ☐ Cash ☐ Fin'd

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
		Total Price =	\$

☐ Application Software

Software Title	Initial License Fee	Annual Renewal Fee
	<input type="checkbox"/> Cash <input type="checkbox"/> Finance	<input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Initial License Fees =	\$	

☐ Trade-In Allowance Final Principal Payment =

Manufacturer	Model Serial #	Allowance
		\$
		\$
		\$
		\$
	Total Allowance =	\$
Total Allowance Applied to:	<input type="checkbox"/> Trade-In Equip. Balance:	\$
	<input type="checkbox"/> Price of Replacmnt. Equip.:	\$

☐ K-16 Billing

☐ Suspension  
 (check 1 as required)  
 Months affected  
☐ June only  
☐ July only  
☐ August only  
☐ June - July  
☐ July - August

Additional Options (check all that apply)

☐ Run Length Plan ☐ Fixed Price Plan  
☐ Per-Page Pricing  
☒ Extended Service Hours:  
 Description: 3/7 / \$ \_\_\_\_\_ mo.  
☐ Comp. Replacement Program: \$ \_\_\_\_\_  
☒ Attached Addenda  
 form# 51860-1 (6) form# \_\_\_\_\_

Agreement Presented By:

Name BRUCE NOSSBAUM Phone 202-962-7460

Xerox Corporation - Acceptance By:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Customer

Name Donald Tyler Phone: 703-834-

Tel. VR-Division Director Date: 3-10-99

Signature Donald Tyler